Ryan White CARE Act Data Report
(CARE Act Data Report)

COVER PAGE

All Ryan White CARE Act grantees should complete this cover page and submit one copy together with all providers' completed reports. For the definition of grantee of record and/or other questions, please refer to the Instructions for Completing the Ryan White CARE Act Data Report.

Name of Grantee of Record: Sarah Doe

Taxpayer ID# for Grantee of Record: | 9 | 9 | – | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

Under which CARE Act Titles does your agency contract for or provide services? (Check all that apply)

☐ Title I   ☒ Title II   ☒ Title III   ☒ Title IV   ☐ Title IV Adolescent Initiative

Please identify your CARE Act grant(s) by supplying your grant number(s) below. Also, enter the number of agencies that received direct funding from you under each Title, and the number of CARE Act Data Reports (CADRs) included in your submission. Count your own agency in both the # of Providers and # of CADRs columns if you completed a CADR. Note that the number of CADRs may or may not match the number of providers.

Grant	Grant Number						# of Providers	# of CADRs
Title I	H89HA-							
Title II	X07HA-							
Title III	H76HA -	5	6	7	8		5	6
Title IV	H12HA -						5	6
Title IV Adolescent Initiative	H12HA -							

What is the total unduplicated number of agencies that received CARE Act funding from you?   5

What is the total number of CADRs (Web and paper) included in your submission package?   6

Name of grantee contact responsible for quality assurance: Sarah Doe

Signature:

Grantee contact email address: sdoe @ anywherechc.com